



Request for Escrow Account Surplus Refund

Member's Name:

Loan Number:

Amount of Refund Requested:

Deposit to Account Number:

Member Signature

Date

Upon completion of this form, please fax to 678-322-2158 or email completed form with the appropriate signature to yolanda.rolland@cuofga.org. You also have the option of mailing your form to: Credit Union of Georgia, ATTN: Yolanda Rolland P.O. Box 2148, Woodstock, GA 30188